asymmetry of the two sides of the face and head in certain races and individuals, chiefly Hawaiian and flathead Indian. His conclusions are: (1) Adenoid obstruction does not always and may never cause over-arching of the palate; (2) over-arching of the palate does not always produce bends of the septum; (3) over-arched palates and bent septa often occur together, and each is more frequent in leptoprosopic skulls; (4) leptoprosopic skulls and faces almost never exist in a marked degree without some distortion or over-arching of the palate and changes in the nasal cavity; (5) in a young child about to develop into marked leptoprosopia pronounced nasal stoppage by adenoids cannot fail to add to the degree of deformity; (6) if the first teeth are removed early and the dental arch disturbed, then the palate will more easily become narrowed and pointed in its own arch; (7) the whole tendency is more often inherited than acquired. *Macleod Yearsley.*

Gibb, J. S. (Philadelphia).—*Sepsis and Asepsis in Intra-nasal Surgery.* "The Therapeutic Gazette," September 15, 1904.

The author's conclusions are as follows:

1. In intra-nasal operations, other than careful cleansing of the mucous membrane to free it of crusts, pus, inspissated mucus, and foreign matters, no special antiseptic precautions are necessary.

2. Careful antiseptic preparation of the hands of the surgeon, the instruments, gauze, cotton, etc., is desirable.

3. Sepsis is not the rule after intra-nasal operations, and when it does occur is usually mild and transient; but it may be rapid, severe, and grave.

4. Nasal sepsis is manifested by follicular tonsillitis, inflammatory changes in the nasal chambers, and especially in the wound, and in some cases acute otitis media. *Macleod Yearsley.*

G. H. Makuen (Philadelphia).—*Neuroses of the Nose.* "Boston Med. and Surg. Journ.," September 8, 1904.

The author divided these manifestations into two classes, the sensory and the reflex. He expresses himself sceptical as regards the latter, although he admits that the following are reflex neuroses of undoubted nasal origin—sneezing, cough, glottic spasm, and asthma.

Macleod Yearsley.

ACCESSORY SINUSES.

Guizez.—*Maxillary Sinusitis, owing to a Misplaced Tooth.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," February, 1904.

A woman consulted the writer for a purulent discharge of the left nasal fossa. The history of the case was as follows: In June, 1902, she commenced to suffer in the region of the left upper molars. Dental inflammatory attacks occurred repeatedly, attended with very violent pains. On July 13, 1902, the first molar was extracted, but no relief followed; in fact, the pain was increased for some days. Cicatrisation of the alveolus did not proceed satisfactorily, and a dental fistula remained

at the site of the extracted tooth, whence issued fœtid pus. From time to time there was swelling of the cheeks, with œdema, sometimes extending to the lower eyelid. Nevertheless, the patient's nose was free up till last August, when after a cold she was seized with pains and swelling of the cheek, with an abundant discharge from the left nasal fossa, very pronounced in the morning. There was subjective cacosmia. Examination of the mouth revealed a fistulous tract at the situation of the first molar, which on pressure yielded fœtid yellow pus. A probe introduced passed in half a centimetre, and gave evidence of carious bone. Investigation of the nose showed a polypoid state of the middle meatus, with pus in this region. Trans-illumination gave dulness in the left maxillary area and obscurity of the corresponding pupil. These signs were not altered after lavage. There was no evidence of disease in the frontal sinus. Owing to the intractability of the patient, it was not possible to utilise the *signe de capacité* (Mahu). The maxillary antrum was washed out *viâ* the middle meatus with a mixture of equal parts of oxygenated water and solution of boric acid, but the discharge from the nose and the alveolus was not in the least altered.

On August 2 the radical operation of Luc was performed. During this procedure a molar tooth was discovered in a bed of granulations with its crown protruding into the sinus, its roots partly embedded in the alveolus, partly in the antral floor. The tooth was carious at the junction of the neck with its fangs. As a result of the operation nasal discharge and subjective cacosmia completely disappeared.

The author remarks that the diagnosis of the cause for such an empyema before intervention is by no means easy. In this case a molar was absent on the left side of the upper jaw, whilst the number of teeth was normal on the right side, but an unerupted wisdom tooth could always be imagined, the more so as the patient was young ; moreover, anomalies of position and evolution of teeth are not rare.

After discussing the mechanism of ectopic dentition, the writer observes that maxillary empyema the result of a tooth included in the sinus, and carious, is easily conceived, but in certain cases matters may be a little more complex. One knows that a migrated dental follicle is generally accompanied by secondary changes, such as cystic formation. In the present case it is possible that the empyema was the consequence of an intra-sinusal cyst which had suppurated.

CLAYTON FOX.

George Mahu.—*Frontal Sinusitis with Empyema of the Maxillary Sinus in a Woman aged Seventy-seven.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," July, 1904.

On July 30 the author was called to an old lady suffering with a dull pain over the left frontal sinus, accompanied by an extremely abundant purulent discharge from the nose on the corresponding side. There was exquisite tenderness on pressure over the sinus and a white purulent discharge in the middle meatus. Patient complained of subjective cacosmia and toothache of the first and second upper molars, which were carious.

Chronic fronto-maxillary sinusitis was considered probable, an opinion which was strengthened by transillumination. Irrigation of the maxillary antrum *viâ* the middle meatus yielded a thick and extremely fœtid pus. All things tended to confirm the author's diagnosis; but in the course of the first and subsequent lavages he practised, as is his wont,

gauging of the maxillary sinus involved and found the amount of liquid aspirated to be 5 c.c., a quantity far too large to be compatible with a true chronic maxillary sinusitis. The diagnosis was for this reason modified to chronic frontal sinusitis with empyema of the maxillary antrum. The exactitude of this diagnosis was confirmed, for after three lavages followed by three gaugings, done at intervals of a week, the results were constant.

When the carious molars were extracted it was found that the intra-sinusal alveolar dome corresponding to one of them was destroyed. The opening into the antrum thus brought about was enlarged sufficiently to allow ocular examination of the antral walls with probe and electric light. The antral mucosa was found to be in a firm and healthy condition.

In order to be positive that the pus was not generated in the maxillary sinus, this cavity was at different times fully stuffed with iodoform gauze, which on withdrawal was not soiled, but when a short strand of gauze was introduced, it was found on removal to be soaked with pus. This afforded the author undeniable proof as to the existence of a chronic suppurative frontal sinusitis only. The antrum of Highmore had acted as a reservoir for the pus generated in the frontal sinus.

On October 3, as frontal pain persisted, pus increased, and patient was rapidly losing ground, a consultation as to the advisability of an operation was held. It was thought wise on account of patient's age to abstain from operative measures.

October 16.—Patient became comatose. Temperature 39·6° C.; pulse 140. A fatal issue was considered inevitable, but to the surprise of all the next day the old lady was smiling, recognising people, and talking perfectly, temperature 37° C. This respite was of but short duration, for the patient relapsed into coma and expired on the following day.

In this case the author emphasises two points—(1) the danger of delay in dealing with a case of confirmed chronic frontal sinusitis; (2) the importance of an exact diagnosis in conditions of polysinusitis. In regard to the first, the author strongly deprecates operative delay till complications manifest themselves, and considers early surgical intervention imperative. As to the second point, whilst acknowledging that the *signe decapacité* is not infallible, he regards it as of the greatest value in the diagnosis. *Clayton Fox.*

LARYNX.

Botella (Madrid).—*The Treatment of Cancer of the Larynx and its Results.* "Boletin de Laringol., Otol., y. Rinol.," Madrid, March—April, 1904, p. 277.

The author gives an interesting historical account of the disease and its treatment, especially in the laryngoscopic period, with statistics from the literature of 112 cases. Of these, 29 died as the result of the operation; there were 33 recurrences; 13 cures—with, however, a short period of observation; 16 definite cures; and 18 without subsequent history. Classified according to the method of observation, the results were as follows: